U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

7/7/2005 Through: [2/3] /2005

Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name [18M85 E McDavwott	Name ZBEW AQIII		
	Labor Organization File Number		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 27 EAST 8154 Au-C	Street 5965 Eust 39 tu 19v2		
City Deaver	City Denver		
State ZIP Code + 4 8022/	State Co/o ZIP Code + 4 SU22/		
5. Position in labor organization. [Excutive Borrel Member]			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name ZBFW ZUP /// Trade Name, if any:	Lost 7, me reimburs ments meeting tees milenge		
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street 5965 E 3974 Hac	#2696.61		
City Dev UEV \$0207			
State Co/o			
Signature du E Mulerotto			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed James (Millmutt	On 3/6/06 303 428 1654 Date Telephone Number		
Form LM-30 (2003)			

Name of Person Filing JAWes E McDumott		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal			
Name JEEN AU /// Trade Name, if any: P.O. Box, Bldg., Room No., if any		Bowl Mu-bee		
Street 5965 E 39 + 10 1400	11.b. Approximate dollar val	ue of such dealing. \$2696.6/		
City Dec Voi	12.a. Nature of interest he	ld or income received.		
State 2016	meeting Francisco	es, Løst Time wyges,		
`	12.b. Amount.	1269616/11111		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name ZBEW LU ///	incefing	u tlurio-1141/for Fres, Lost Trase Milaga		
Trade Name, if any:	wages +	more and the second second		
P.O. Box, Bldg., Room No., if any				
Street \$965 E 3914 U-1				
City Day Cut				
State 600 ZIP Code + 4 80207				
13.b. Is the Business an Employer or Consultant 2 ?	14.b. Amount of payment.	1269616/		